



CONNECTICUT
LEGAL
RIGHTS
PROJECT, INC.

STATEMENT OF KATHLEEN FLAHERTY, ESQ.
EXECUTIVE DIRECTOR, CT LEGAL RIGHTS PROJECT, INC.
INSURANCE AND REAL ESTATE COMMITTEE PUBLIC HEARING
February 7, 2019

Supporting all of the following:

SB 15 AN ACT REQUIRING HEALTH INSURANCE COVERAGE
FOR MOTORIZED WHEELCHAIRS AND REPAIRS THERETO.

SB 36 AN ACT PROHIBITING HEALTH CARRIERS FROM
REQUIRING THE USE OF STEP THERAPY FOR CERTAIN PRESCRIPTION
DRUGS

SB 37 AN ACT REQUIRING HEALTH INSURANCE COVERAGE
OF PRESCRIBED DRUGS DURING ADVERSE DETERMINATION REVIEWS
AND EXTERNAL REVIEW PROCESSES.

SB 39 AN ACT LIMITING CHANGES TO PRESCRIPTION
DRUG FORMULARIES DURING THE TERM OF CERTAIN HEALTH
INSURANCE POLICIES.

HB 5213 AN ACT EXPANDING REQUIRED HEALTH
INSURANCE COVERAGE FOR HEARING AIDS.

HB 5518 AN ACT REQUIRING HEALTH INSURANCE
COVERAGE FOR LONG-TERM SUBSTANCE USE DISORDER SERVICES.

Senator Lesser, Representative Scanlon and distinguished members of the Insurance and Real Estate Committee:

My name is Kathy Flaherty and I'm the Executive Director of Connecticut Legal Rights Project (CLRP), a statewide non-profit agency that provides legal services to low income adults with serious mental health conditions. CLRP was established in 1990 pursuant to a Consent Order

which mandated that the state provide funding for CLRP to protect the civil rights of DMHAS clients who are hospitalized, as well as those clients who are living in the community. I'm also the Co-Chair of the Keep the Promise Coalition (KTP). KTP is a coalition of advocates (people living with mental health conditions, family members, mental health professionals and interested community members) with a vision of a state in which people with mental health conditions are able to live successfully in the community because they have access to housing and other community-based supports and services that are recovery oriented, person-driven and holistic in their approach to wellness. Lastly, I'm a member of the steering committee of the Connecticut Cross Disability Lifespan Alliance, an alliance of people of all ages with all disabilities who pursue a unified agenda.

My statement submitted today in support of these bills (numbers 1, 8, 9, 11, 18 and 21 on the committee's agenda) is based on support of legislative proposals that will increase access to care and to the supports and services that people with disabilities, including mental health conditions, to live and thrive in our communities. Several of these bills talk about a different kind of parity – parity between the services covered by Medicaid, which serves Connecticut's low-income residents, and commercial insurance. It is my belief that health care should be considered a legally-enforceable human right, and access to care should be universal. I support the bills for these specific reasons.

- (SB 15) Wheelchairs provide freedom of movement to people who need them. Medicaid pays for power wheelchairs when they are determined to be medically necessary, as durable medical equipment. Medicaid can also pay for repair and replacement, if certain requirements are met. People who are covered by commercial insurance should have access to the same kind of coverage.
- (SB 36) Requiring use of step therapies means that people will have to endure multiple steps of failing before they can get coverage for more expensive medications. The decision about what medication is best suited to address an individual patient's health condition should be a decision between the individual and her doctor based on the patient's medical needs and what medication would be most helpful for the patient's condition, rather than a choice mandated by an insurance company's need to make a bigger profit.
- (SB 37) Failure to cover drugs through the review/appeal process means that someone could suffer setbacks while appealing an insurance company's decision to deny coverage. If the appeal is ultimately successful, that means the insurance company recognizes its initial mistake and decides to cover the medication; if the patient is required to stop the drug while the appeal is pending, that may result in significant adverse consequences.
- (SB 39) Allowing insurance companies to change formularies mid-year means that people could lose coverage for a medication that's working for them. If they want to stay on that drug, they could potentially incur huge out-of-pocket costs. People make choices each year about the insurance policy that works best for them based on what the plan says

that it is going to cover, including its drug formulary. The plan should therefore be required to maintain that coverage during the term of the plan.

- (HB 5213) Medicaid covers hearing aids (with a prescription) and hearing exams (ordered by a medical provider.) People with commercial insurance should have access to similar coverage.
- (HB 5518) Medicaid covers a range of substance use disorder services, including long term inpatient treatment. People with commercial insurance should have access to similar coverage.

I thank the committee for considering these comments as you decide what to do with these bills.